

STATE *NON-MEDICARE* RETIREE AND SURVIVOR RATES

Monthly GIC Plan Rates as of July 1, 2009



	10%		15%	
	<i>Non-Medicare Retirees Retired on or before July 1, 1994 and SURVIVORS^{1, 2}</i>		<i>Non-Medicare Retirees Retired After July 1, 1994</i>	
BASIC LIFE INSURANCE ONLY \$5,000 coverage	\$0.69		\$1.03	
HEALTH PLAN (Premium includes Basic Life Insurance)	RETIREE/SURVIVOR PAYS		RETIREE PAYS	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE	INDIVIDUAL COVERAGE	FAMILY COVERAGE
Fallon Community Health Plan Direct Care	\$ 41.13	\$ 97.75	\$ 61.69	\$146.61
Fallon Community Health Plan Select Care	49.73	118.38	74.58	177.56
Harvard Pilgrim Independence Plan	53.15	127.64	79.71	191.46
Health New England	43.66	107.20	65.48	160.79
Navigator by Tufts Health Plan	52.43	125.35	78.63	188.02
NHP Care (Neighborhood Health Plan)	42.24	110.79	63.35	166.18
UniCare State Indemnity Plan/ Basic with CIC (Comprehensive)	109.06	253.22	145.88	338.74
UniCare State Indemnity Plan/ Basic without CIC (Non-Comprehensive)	73.65	171.07	110.47	256.59
UniCare State Indemnity Plan/ Community Choice	41.68	99.07	62.52	148.60
UniCare State Indemnity Plan/ PLUS	53.76	127.34	80.63	191.00

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.69 from "Retiree/Survivor Pays" premium.

² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

For municipal and GIC Retired Municipal Teacher (RMT) rates, see separate rate sheets.



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection



Contribution percentages may change after the Commonwealth's FY10 budget is enacted.

STATE *MEDICARE* RETIREE AND SURVIVOR RATES

Monthly GIC Plan Rates as of July 1, 2009

	10%	15%
	<i>Medicare Retirees Retired on or before July 1, 1994 and SURVIVORS^{1,2}</i>	<i>Medicare Retirees Retired after July 1, 1994</i>
BASIC LIFE INSURANCE ONLY \$5,000 coverage	\$0.69	\$1.03
HEALTH PLAN (Premium Includes Basic Life Insurance)	RETIREE/SURVIVOR PAYS	RETIREE PAYS
	PER PERSON	PER PERSON
Fallon Senior Plan ³	\$ 20.64	\$ 30.96
Harvard Pilgrim Medicare Enhance	35.57	53.35
Health New England MedPlus	36.91	55.35
Tufts Health Plan Medicare Complement	32.75	49.12
Tufts Health Plan Medicare Preferred ³	18.44	27.66
UniCare State Indemnity Plan Medicare Extension (OME) <i>with</i> CIC (Comprehensive)	45.39	62.79
UniCare State Indemnity Plan Medicare Extension (OME) <i>without</i> CIC (Non-Comprehensive)	34.81	52.21

¹ Survivors are not eligible for life insurance. For monthly health insurance premium cost, deduct \$0.69 from "Retiree/Survivor Pays" premium.

² Elderly Governmental Retirees (EGRs) – call the GIC for monthly rates.

³ Benefits and rates are subject to change January 1, 2010.

STATE RETIREE BENEFITS – Medicare and Non-Medicare

RETIREE OPTIONAL LIFE INSURANCE RATES

Including Accidental Death and Dismemberment

RETIRED EMPLOYEE AGE	RETIREE SMOKER PAYS <i>Per \$1,000 of Coverage</i>	RETIREE NON-SMOKER PAYS <i>Per \$1,000 of Coverage</i>
Under Age 70	\$ 1.63	\$ 1.21
70-74	3.04	2.33
75-79	7.61	5.82
80-84	14.36	10.97
85-89	22.74	17.37
90-94	32.61	26.40
95-99	71.23	57.64
Ages 100 and over	136.57	110.51

GIC RETIREE DENTAL PLAN RATES

\$850 Maximum Annual Benefit per Member

COVERAGE TYPE	RETIREE PAYS
SINGLE	\$23.93
FAMILY	\$57.64

**See Over for ACTIVE
EMPLOYEE Rates**

STATE EMPLOYEE RATES

Monthly GIC Plan Rates as of July 1, 2009



15%
For Employees Hired
On or before June 30, 2003

EMPLOYEE PAYS

BASIC LIFE INSURANCE ONLY – \$5,000 coverage	\$1.03	
HEALTH PLAN (Premium includes Basic Life Insurance)	INDIVIDUAL COVERAGE	FAMILY COVERAGE
Fallon Community Health Plan Direct Care	\$ 61.69	\$146.61
Fallon Community Health Plan Select Care	74.58	177.56
Harvard Pilgrim Independence Plan	79.71	191.46
Health New England	65.48	160.79
Navigator by Tufts Health Plan	78.63	188.02
NHP Care (Neighborhood Health Plan)	63.35	166.18
UniCare State Indemnity Plan/Basic with CIC (Comprehensive)	145.88	338.74
UniCare State Indemnity Plan/Basic without CIC (Non-Comprehensive)	110.47	256.59
UniCare State Indemnity Plan/Community Choice	62.52	148.60
UniCare State Indemnity Plan/PLUS	80.63	191.00

For municipal rates, see separate rate sheets.



Contribution percentages may change after
the Commonwealth's FY10 budget is enacted.



Commonwealth of Massachusetts
Group Insurance Commission

Your
Benefits
Connection

20%

*For Employees Hired and Planning Councils
Joining the GIC **After June 30, 2003***

EMPLOYEE PAYS

\$1.37

INDIVIDUAL COVERAGE	FAMILY COVERAGE
\$ 82.25	\$195.48
99.44	236.74
106.28	255.28
87.31	214.39
104.84	250.69
84.46	221.56
182.70	424.27
147.29	342.12
83.36	198.13
107.51	254.67

LONG TERM DISABILITY RATES*

ACTIVE EMPLOYEE AGE	STATE EMPLOYEE PAYS Per \$100 of Monthly Earnings
Under 20	\$0.09
20 - 24	\$0.09
25 - 29	\$0.11
30 - 34	\$0.15
35 - 39	\$0.19
40 - 44	\$0.38
45 - 49	\$0.55
50 - 54	\$0.77
55 - 59	\$0.98
60 - 64	\$0.89
65 - 69	\$0.41
70 and over	\$0.23

GIC DENTAL/VISION PLAN RATES

*For Managers, Legislators, Legislative Staff and Certain
Executive Office Staff**

DENTAL/VISION PLAN	EMPLOYEE PAYS	
	INDIVIDUAL COVERAGE	FAMILY COVERAGE
Value (PPO) Plan	\$3.80	\$11.79
Classic (Indemnity) Plan	\$5.35	\$16.60

* Only available to active employees who meet certain criteria as
outlined in the GIC Benefit Decision Guide.

OPTIONAL LIFE INSURANCE RATES – Including Accidental Death and Dismemberment

ACTIVE EMPLOYEE AGE	EMPLOYEE SMOKER PAYS Per \$1,000 of Coverage	EMPLOYEE NON-SMOKER PAYS Per \$1,000 of Coverage
Under Age 35	\$0.09	\$0.05
35 – 44	\$0.13	\$0.06
45 – 49	\$0.24	\$0.09
50 – 54	\$0.38	\$0.15
55 – 59	\$0.58	\$0.23
60 – 64	\$0.88	\$0.34
65 – 69	\$1.57	\$0.83
Age 70 and over	\$2.81	\$1.30

See Over for RETIREE/SURVIVOR Rates